

**PREMIUM FINANCE**  
**CHECK REMITTANCE FORM**

Annual License Renewal Fee - \$100.00

DUE: May 1

Make check payable to **KENTUCKY STATE TREASURER** and mail to Financial Standards & Examination Division, Kentucky Office of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.

**For proper identification, complete the following and return with your check.**

**COMPANY NAME** \_\_\_\_\_

**FEIN NUMBER** \_\_\_\_\_

**CHECK NUMBER** \_\_\_\_\_ **CHECK DATE** \_\_\_\_\_

**Form 504 (Revised July 2004)**